

CLAIMS ONLY

Applicallon Number

101702092

" Filing " Date

Application(s)

* May be used for additional claims or amendments

CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
		Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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45							
46							
47							
48							
49							
50							
Total							
Indep.	3						
Total							
Depend.	11						
Total							
Claims	14						